3131

03105

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

M

1. PLACE OF DEATH: COUNTY WORCESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN. X
LENGTH OF STAY (in this place) 78 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN X
STREET ADDRESS (If rural, give location) RURAL.

3. NAME OF DECEASED (Type or Print): (First) LEVI (Middle) THOMAS (Last) CATHELL
4. DATE OF DEATH (Month) MAR (Day) 17 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER
8. DATE OF BIRTH: DEC. 19, 1875
9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: OWN STORE
11. BIRTHPLACE (State or foreign country): BERLIN MD (RURAL)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE CATHELL
14. MOTHER'S MAIDEN NAME: SARAH BIRCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): NO
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Mrs Linwood McCabe Berlin Md

4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage, massive — Interval between onset and death: 3.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis & Senility — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1954, to Mar 17, 1954, that I last saw the deceased alive on March 16, 1954, and that death occurred at 1.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Herman A Rabenis M D
ADDRESS: Berlin, Maryland
DATE SIGNED: 3/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3/19/54
NAME OF CEMETERY OR CREMATORY: EVERGREEN
LOCATION (City, town, or county) (State): BERLIN MD

DATE REC'D BY LOCAL REG.: 3-19-54
REGISTRAR'S SIGNATURE: Helen F Hayward
24. FUNERAL DIRECTOR: Anna A Burbage
ADDRESS: Berlin Md

MARGIN RESERVED FOR BINDING

I

RECEIVED
MAR 26 1954
BUREAU V. S.

3132

03106

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill X
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) G. (Last) Cooper

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug. 28/1879
9. AGE last birthday: 74/6/12 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Basket Factory
11. BIRTHPLACE (State or foreign country) Powellville, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Cooper
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-01-7032
17. INFORMANT & ADDRESS: Mr Elwyn Cooper, Snow Hill, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.2
Immediate cause (a) Acute Pulmonary Edema — 1 day
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial Fibrosis + Insufficiency. — 10 yrs
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Progressive Muscular dystrophy — 5 yrs

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to March 10, 1954, that I last saw the deceased alive on March 9, 1954, and that death occurred at 7 P.M., from the causes and on the date stated above.
SIGNATURE Robert H. LaMar, M.D. (Degree or title) ADDRESS Snow Hill DATE SIGNED 3-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 12/54
NAME OF CEMETERY OR CREMATORY Whalcoat
LOCATION (City, town or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REGISTRAR Mar 11, 1954
REGISTRAR'S SIGNATURE Elwyn E. Cooper
24. FUNERAL DIRECTOR Clay E. Dennis, Snow Hill, ADDRESS Md

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1954
BUREAU V. S.

3133

03197

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY WORCESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN X
LENGTH OF STAY (in this place) 50 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN X
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) HENRY (Last) CAREY
4. DATE OF DEATH (Month) MAR. (Day) 30 (Year) 1954
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH SEPT. 11, 1877
9. AGE last birthday 76 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRADER
10b. KIND OF BUSINESS OR INDUSTRY SELF-IMPLOYED
11. BIRTHPLACE (State or foreign country) PITTSVILLE, MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOSIAH CAREY
14. MOTHER'S MAIDEN NAME NANCY CAREY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS MRS. S. H. CAREY BERLIN, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis sec to Coronary Sclerosis, c̄ coronary Heart Disease — 15 min

Antecedent cause(s) (b) Atherosclerosis, generalized c̄ — 5-6 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Dementia Senilis, sec to atherosclerosis Cerebri — 3-4 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to Mar 30, 1954, that I last saw the deceased alive on Mar 30, 1954, and that death occurred at 11 30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas Rabbin, M.D. Berlin Maryland 4/3/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 4/3/54
NAME OF CEMETERY OR CREMATORY EVERGREEN
LOCATION (City, town, or county) BERLIN (State) MD

DATE REC'D BY LOCAL REG. 4/3/54
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A Burbage ADDRESS Berlin Md

RECEIVED
APR 6 1954
BUREAU V. S.

3134

03108

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Md X

LENGTH OF STAY (in this place) 7 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Snow Hill Md X

STREET ADDRESS (If rural, give location) Ralph Shockley Farm R 2 D #2

3. NAME OF DECEASED: (Type or Print) (First) Marcia (Middle) Jena (Last) Copeland

4. DATE OF DEATH (Month) Mch (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Nov 18 1929

9. AGE last birthday: 24 (24) yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) House work

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Snow Hill Md

12. CITIZEN OF WHAT COUNTRY? U Sa

13. FATHER'S NAME: Thomas Copeland

14. MOTHER'S MAIDEN NAME: Elmira Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Elmira Copeland (Mother) Snow Hill, Md Rural #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary disease

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: DK

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. E. Sartorius M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF March 17/54

NAME OF CEMETERY OR CREMATORY Hutts Chapel

LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. Mar 17, 54

REGISTRAR'S SIGNATURE Elwyn E. Cooper

24. FUNERAL DIRECTOR Clay Emmons Snow Hill ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAR 19 1954
BUREAU V. S.

3135

M

03109

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton X

LENGTH OF STAY (in this place) Several months

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN X Stockton Md.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Gideon (Middle) Anthony (Last) Crippen

4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1954

5. SEX M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Feb 9th 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Salisbury Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eddie Tyson

14. MOTHER'S MAIDEN NAME: Virginia Mary Crippen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) ✓

16. SOCIAL SECURITY No.: ✓

17. INFORMANT & ADDRESS: Beulah Francis Crippen — Stockton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 924.0 Suffocation (accidental)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Mother overlying the deceased baby

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Short

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) Stockton (County) Worcester (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 0

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE N. E. Sartorius M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE THEREOF March 27/54

NAME OF CEMETERY OR CREMATORY St Paul

LOCATION (City, town, or county) Stockton (State) Md

DATE REC'D BY LOCAL REG. Mar 22/54

REGISTRAR'S SIGNATURE Eleyn E. Cooper

24. FUNERAL DIRECTOR Alley O'Dennis, Snow Hill, ADDRESS Md

2024291445

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAR 24 1954
BUREAU V. S.

3136

03114

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (In this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Catherine (Last) Dennis
4. DATE OF DEATH (Month) Mar. (Day) 11 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 15, 1901
9. AGE last birthday 53 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Berlin, Md
12. CITIZEN OF WHAT COUNTRY? R.F.D.

13. FATHER'S NAME Joshua Bunting.
14. MOTHER'S MAIDEN NAME Annie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Charlie Dennis Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
416X Immediate cause	(a) Degenerative Myocarditis c̄ Decompensation and anasarca - sec to	10 day
Antecedent cause(s)	(b) Rheumatic Heart Disease, chronic	5 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Purpura Hemorrhagica	6 weeks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to March 11, 1954, that I last saw the deceased alive on March 11, 1954, and that death occurred at 5 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herman A. Rabbins Md. ADDRESS Berlin, Md DATE SIGNED 3/14/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/14/54
NAME OF CEMETERY OR CREMATORY Taylorville Cem.
LOCATION (City, town, or county) Berlin, (State) R.F.D. Md

DATE REC'D BY LOCAL REG. 3-14-54
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna D. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

I

RECEIVED
MAR 10 1954
BUREAU V. S.

3137

0311

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: WORCESTER. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BERLIN X | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND | COUNTY: WORCESTER.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X BERLIN
STREET ADDRESS (If rural, give location): RURAL.

3. NAME OF DECEASED (Type or Print): (First) EUGENE (Middle) MERRILL (Last) DENNIS.

4. DATE OF DEATH: (Month) MAR. (Day) 31 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED.

8. DATE OF BIRTH: JAN 5, 1871

9. AGE last birthday: 83 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER.

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): BERLIN MD R.F.D

12. CITIZEN OF WHAT COUNTRY? U.S. A.

13. FATHER'S NAME: JOHNSON DENNIS

14. MOTHER'S MAIDEN NAME: JANE SHUCKLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): No.

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: MRS. E.M DENNIS, BERLIN MD R.F.D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). Arteriosclerotic Cardiovascular Renal Disease — Interval Between Onset and Death: 5 years

Antecedent cause (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c).....

442X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: U | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 30, 54, to Mar 31, 54, that I last saw the deceased alive on Mar 30, 54, and that death occurred at 1230A m., from the causes and on the date stated above.

SIGNATURE: J Hammond Jr | (Degree or title) M.D. | ADDRESS: Ocean City, Md. | DATE SIGNED: April 2, 54.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 4/2/54 | NAME OF CEMETERY OR CREMATORY: EVERGREEN | LOCATION (City, town, or county): BERLIN | (State): MD

DATE REC'D BY LOCAL REG.: 4/2/54 | REGISTRAR'S SIGNATURE: Helen F Hayward | 24. FUNERAL DIRECTOR: Irma A. Burbage | ADDRESS: Berlin Md

RECEIVED
APR 6 1954
BUREAU W. S.

3127

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

03112

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 42
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 715 Short Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke, Md.
STREET ADDRESS (If rural give location) 715 Short Street

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) James (Last) Hall

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 6, 1894
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad Watchman
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Hall
14. MOTHER'S MAIDEN NAME: Lear Tilman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 717-07-9111
17. INFORMANT & ADDRESS: Sadie Hall 715 Short St. - Pocomoke City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) [illegible]

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible]

DUE TO

(c) [illegible]

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1954, to 3/23, 1954, that I last saw the deceased alive on 3/23, 1954, and that death occurred at 4 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] ADDRESS Pocomoke, Md. DATE SIGNED 3/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 26, 1954
NAME OF CEMETERY OR CREMATORY Marion Cemetery
LOCATION (City, town, or county) (State) Marion Station, Md.

DATE REC'D BY LOCAL REGISTRAR March 26, 1954
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Edgar Wharton - New Church, Va.
ADDRESS

RECEIVED
MAR 29 1954
BUREAU V. S.

3138

0311

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 9 55

1. PLACE OF DEATH
COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LORAH	HENRY	HICKMAN	MAR.	23	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W		DEC. 5, 1871	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired LUMBERMAN	FORESTS	NORRISTOWN PENN.	U.S.A.

13. FATHER'S NAME
JAMES HICKMAN

14. MOTHER'S MAIDEN NAME
MARY PAYNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NG	NO	MRS LLOYD McCABE NEWARK MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
199.1 Immediate cause	(a) bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) metastatic carcinoma	3-4 mos.
	(c) abdominal generalized carcinomatosis	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
"		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec ..., 1953 to Mar ..., 1954, that I last saw the deceased alive on March 22, 1954, and that death occurred at 2:50 A. m., from the causes and on the date stated above.

SIGNATURE Robert A. Heath (Degree or title) MD ADDRESS Berlin, Md. DATE SIGNED 3/24/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	3/25/54	BOWEN	NEWARK	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-31-54	Helen G Hayward	Anne A. Burbage	Berlin md

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1954
BUREAU V. S.

3139

03111

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) St. Martins.

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) May (Last) Holland
4. DATE OF DEATH (Month) Mar. (Day) 10 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, MARRIED
8. DATE OF BIRTH Aug. 26, 1878
9. AGE last birthday 75 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Powellville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Rayne
14. MOTHER'S MAIDEN NAME Mary Davis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mr. Carl Holland, Berlin, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
260X	Immediate cause	(a) Congestive cardiac failure	5 days
	Antecedent cause(s)		
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) fracture left hip	6 days
		(c) diabetes mellitus	13 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 6, 1954, to Mar. 8, 1954, that I last saw the deceased alive on March 8, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Robert A. Grubb (Degree or title) MD ADDRESS Bay St, Berlin, Md DATE SIGNED 3/12/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/12/54
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REG. 3-12-54
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 12 1
BUREAU V. S.

3149

0311

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place) 62 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) Rural #2

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H. (Last) Hope

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept 3, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: (corn)

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Hope

14. MOTHER'S MAIDEN NAME: Margaret Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no none

16. SOCIAL SECURITY NO.: 186-16-7875A

17. INFORMANT & ADDRESS: Mrs Woodrow Wilkerson Rural Pocomoke Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to March 8, 1954, that I last saw the deceased alive on March 8, 1954, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED 3/8

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF March 10, 1954 — NAME OF CEMETERY OR CREMATORY Nelson Cemetery — LOCATION (City, town, or county) (State) Rural Pocomoke Md.

DATE REC'D BY LOCAL REG. March 10, 1954 — REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR — ADDRESS Henry H. Watson Pocomoke Md.

RECEIVED
MAR 1[illegible]
BUREAU V. S.

3128

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0311

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Worcester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke 1/2
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7 Front St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke 1/2
STREET ADDRESS (If rural give location): 7 Front St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLIE (Middle) KING (Last) HOWARD

4. DATE OF DEATH: (Month) March (Day) 23, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 28, 1885

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Own business

10b. KIND OF BUSINESS OR INDUSTRY: Monuments

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Thomas Howard

14. MOTHER'S MAIDEN NAME: Mary Jane Blades

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Catherine M. Howard, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Acute Coronary Occlusion	5 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Angina Pectoris	6 months
	DUE TO (c) Arteria - Sclerotic Cardio-Vasc Dis	2 yrs

I. 423.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19..., to 3/23, 1954 that I last saw the deceased alive on 3/23, 1954 and that death occurred at 6:12 AM. from the causes and on the date stated above.

SIGNATURE (Degree or title): Louis J. Llewelyn, M.D — ADDRESS: Pocomoke City — DATE SIGNED: 3/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-25-54 — NAME OF CEMETERY OR CREMATORY: Baptist Cemetery — LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: March 25, 1954 — REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Henry H. Watson, Pocomoke, Md. — ADDRESS

VS. A15

RECEIVED
MAR 29 1954
BUREAU V. S.

3141

03117

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin X
LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 3 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin X
STREET ADDRESS (If rural, give location) Route # 3

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Ellen (Last) Jarman

4. DATE OF DEATH: (Month) 3 - (Day) 6 - (Year) 1954

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: About 1862

9. AGE last birthday: About 92 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Massey

14. MOTHER'S MAIDEN NAME: Mary Anne Pitts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Mary Lizzie Jarman, Berlin, Md. Rt. # 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 6 hours.

DUE TO

Antecedent cause(s) (b) Congestive Heart failure — approximately 2 weeks

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Hypertension — Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: c

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22/54, 19....., to 3/6, 1954, that I last saw the deceased alive on 3/6, 1954, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE Leroy U. Shelby, Jr. (DEGREE OR TITLE) M.D. ADDRESS Flower St., Berlin, Md DATE SIGNED 3/9/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3-11-54

NAME OF CEMETERY OR CREMATORY Evergreen Cemetery

LOCATION (City, town, or county) Berlin, Worcester Co., (State) Md.

DATE REC'D BY LOCAL REG. 3-10-54

REGISTRAR'S SIGNATURE Helen F. Hayward.

24. FUNERAL DIRECTOR Mary A. Stewart ADDRESS 324 E. Church St., Salisbury, Md.

STEWART FUNERAL HOME

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 12
BUREAU V. S.

3142

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03118

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) B. (Last) Jones

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: March 19-1876
9. AGE last birthday: 78 760-5
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Hayward
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Oscar D. Jones, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
422.1
Immediate cause (a) Cardiac Decompensation c̄ Myocarditis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19/54, 19 ..., to Mar 25, 1954, 19 ..., that I last saw the deceased alive on 2/19/54, 19 ..., and that death occurred at 6 a.m. 3/24/54, from the causes and on the date stated above.
SIGNATURE Carrie V. Hearn (Degree or title) MD
ADDRESS 113 W Church St Salisbury
DATE SIGNED 3/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 27/54
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/26/54
REGISTRAR'S SIGNATURE Guyn E. Cooper
24. FUNERAL DIRECTOR Allay O. Dennis, Snow Hill
ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1954
BUREAU V. S.

Film#G162 Item# 2 3/17/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

0311?

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

314

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin, Route 1 — LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nonrest town) OR TOWN Berlin -rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bartie (Middle) Beatrice (Last) Lewis
4. DATE OF DEATH: (Month) Mar. (Day) 8 (Year) 19.54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 12, 1917
9. AGE last birthday: 36 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vaccinating chickens
10b. KIND OF BUSINESS OR INDUSTRY: on chicken farms
11. BIRTHPLACE (State or foreign country): Berlin, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Everett Carey
14. MOTHER'S MAIDEN NAME: Emma Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.: 218-20-8865
17. INFORMANT AND ADDRESS: Benton Lewis - Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

710.0 Immediate cause (a) Congestive cardiac failure — 1 or 2 days
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Edema of lungs
(c) Scleroderma — 6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1954, to Mar. 8, 1954, that I last saw the deceased alive on March 8, 1954, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Robert A. Trader M.D. — Berlin, Md. — Mar. 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Mar 11, 1954 — NAME OF CEMETERY OR CREMATORY Whaleyville — LOCATION (City, town, or county) Whaleyville (State) Md.

DATE REC'D BY LOCAL REG. 3-10-954 — REGISTRAR'S SIGNATURE Helen E. Lawrence — 24. FUNERAL DIRECTOR — ADDRESS Henry H. Watson, Pocomoke City, Md

RECEIVED
MAR. 12 1954
BUREAU V. S.

3144

03120

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 356

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin, Route # 3
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin X
STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Lockwood

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3-12-'22

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR: Months — Days 2 IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Harrison's Nursery

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Brittingham

14. MOTHER'S MAIDEN NAME: Mary Ayers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) No — None

17. INFORMANT & ADDRESS: Wallace Lockwood, Berlin, Worcester Co., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443 X Immediate cause	(a) Acute pulmonary edema	1-2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Congestive heart failure	about 24 hrs.
	DUE TO (c) Hypertensive cardiovascular disease	about 7 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1954 to 3/14, 1954, that I last saw the deceased alive on —, 19—, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Irving M. Smith, Jr., M.D. Flower St., Berlin, Md 3/16/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3-18-'54

NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

LOCATION (City, town, or county) (State): Berlin, Worcester Co., Md.

DATE REC'D BY LOCAL REG. 3-17-54

REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR ADDRESS: Mary A. Stewart, 324 E. Church St. Salis. Md.

STEWART FUNERAL HOME

RECEIVED
MAR 19 1954
BUREAU V. S.

3129

03121

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home Clarke Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Hundley (Last) Mears
4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1954
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married
8. DATE OF BIRTH: 5/9/1891
9. AGE last birthday: 62 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: John H Mears
14. MOTHER'S MAIDEN NAME: Margaret Ellen Tyler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Ivy M. Davis Mears Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Acute Coronary Occlusion — 2 hrs.
Antecedent cause(s) (b) Arteriosclerotic Heart Disease — 2 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26 1954 to March 27 1954, that I last saw the deceased alive on March 27 1954, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
James L Llewellyn, M.D. Pocomoke City, Md 3/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 3/29/54 — NAME OF CEMETERY OR CREMATORY Bloxom Cemetery — LOCATION (City, town, or county) Bloxom — (State) Va

DATE REC'D BY LOCAL REG. March 29, 1954 — REGISTRAR'S SIGNATURE Anne C. White — 24. FUNERAL DIRECTOR Robert Stevens by J. Richard Johnson — ADDRESS Parksley, Va

VS. A15

RECEIVED
MAR 30 1954
BUREAU V

3145

03122

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop X
STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print) (First) Isaiah (Middle) Curtis (Last) Mumford
4. DATE OF DEATH (Month) Mar. (Day) 21 (Year) 1954
5. SEX Male
6. COLOR OR RACE white
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) married
8. DATE OF BIRTH Jan. 12, 1876
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (State or foreign country) Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Isaiah Mumford
14. MOTHER'S MAIDEN NAME Mary Ann Hudson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Eva Mumford, Bishop, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma of Prostate Gland — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Mar. 21, 1954, that I last saw the deceased alive on Mar 21, 1954 and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert S. Long — ADDRESS Frankford Del — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/24/54
NAME OF CEMETERY OR CREMATORY Add Fellows Cemetery
LOCATION (City, town, or county) Bishopville (State) Md.
DATE REC'D BY LOCAL REG. 3/23/54
REGISTRAR'S SIGNATURE Hilda R. Bergey
24. FUNERAL DIRECTOR Henry H. Watson, Inc. ADDRESS Bishopville Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 26 1954
BUREAU V. S.

3130

03123

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Pocomoke #2
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton X
STREET ADDRESS (If rural give location) STOCKTON

3. NAME OF DECEASED: (Type or Print) (First) Shirlene (Middle) (Last) WALLOP

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 10 1954

5. SEX: F.

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): INFANT

8. DATE OF BIRTH: April 4, 1952

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 11 Days 25 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas WALLOP

14. MOTHER'S MAIDEN NAME: Dorice DICKERSON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Dorice Dickerson Stockton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Lobar Pneumonia — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1954, to 3/10, 1954, that I last saw the deceased alive on 3/10, 1954, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clarine M. Bradford, MD ADDRESS 508-5th Ave Pocomoke DATE SIGNED 3/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-12-54

NAME OF CEMETERY OR CREMATORY Dees Chapel

LOCATION (City, town, or county) (State) Horntown VA.

DATE REC'D BY LOCAL REGISTRAR March 17, 1954

REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR ADDRESS Edgar Wharton New Church, Va.

RECEIVED
MAR 19 1954
BUREAU V. S.